

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000334

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 65

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
J.L. Mothershead, Jr., REGISTRAR

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 18 yrs	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3325 South 11th St. Sunnyslope Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2910 Patee St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Amelia Middle Katherine Last Clark		4. DATE OF DEATH Month January Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/28/1871
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Easton, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jacob Wa ggenblast	
13b. MOTHER'S MAIDEN NAME Ockerman		14. NAME OF HUSBAND OR WIFE Isaac	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No.)		16. SOCIAL SECURITY NO. Mrs. Harold Barton, 2419 Doniphan	
17. INFORMANT Mrs. Harold Barton, 2419 Doniphan		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Hypostatic DUE TO (b) 5 days DUE TO (c) Arterio sclerosis Gen. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerosis Gen.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Nov 1962 to 18 Jan 63		COUNTY Buchanan STATE Missouri	
21. I attended the deceased from Nov 1962 to 18 Jan 63 and last saw her alive on 16 Nov 1963 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J.L. Mothershead, Jr.	
22b. ADDRESS 2603 Fredrick		22c. DATE SIGNED 1-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/20/1963	23c. NAME OF CEMETERY OR CREMATORY Blakley
23d. LOCATION (City, town, or county) Buchanan Co.		(State) Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman--		ADDRESS St. Joseph, Missouri	
25. DATE RECD. BY LOCAL REG. Jan. 24, 1963		26. REGISTRAR'S SIGNATURE Wm Clark Hardill	

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 1/18/63

2112
2112
14
0.9

0-13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address Joseph Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.